Pesi Available Copy.															
^								adication or Docket Number							
	PATENT !	RD													
	Effective October 1, 2000  CLAIMS AS FILED - PART I								09/050183						
	•			MIITY		OTHER									
F	TAL CLARES	<del></del>	(Column 1) (Column 2)				TYPE	_		<b>PO</b>	SMALL				
FOR			MAGGER PLED MAGGER EXTRA				RASE	Ξ.	555.00		RATE BASIC REF	FEE			
						BI EXIMA		355.00	OR.		710.00				
Ë	TAL CHARGE		19 minus 205				X30=			QЯ	X\$18=				
	SEPENDENT C		6 minus 3 - 3				X	_		ØЯ	X80=	240			
MULTIPLE DEPONDENT CLAIM PRESENT						+13	je.		OЯ	+270=					
• 8	" If the difference in column 1 is less than zero, enter "O" in column 2							AL.		OR	TOTAL	950			
	CLAIMS AS AMENDED - PART II							•			OTHER	THAN			
-		(Column 1)	11-10-0		nn 2)	(Column 3)	- 811	4	ENTITY .	OR	SMALL				
7		REMADENG AFTER		PREVI	BER.	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	TIONAL			
ā		AVBONDIT		PAID	FOR				FEE			FEE			
MENOMENTA	Total	. 19	Marie	-	20	•	X\$:	D		СR	<b>5318</b> 0				
Ę	Independent	· C	Minus		<u>@</u>		XAC	B		ОЯ	X2800a				
Ļ	FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM					+19	r		OR	+270=					
•								Æ		OR	TOTAL ADOR, FEE				
	•	(Column 1)	4-14-	STCORE	mn 2)	(Column 3)	ADDIT:			•	ADOM. VELE				
6		REMARKS				PRESENT	RATE		ADOI-			ADDI-			
E		AFTER MEDICAL STREET		PREVI	POR	ECTRA		٤	TIONAL FEE		RATE	TIONAL			
AMENDMENT B	Total ·	. 19	Mirus	•	20	•	75.0	_	·	OR	X\$18=				
ğ	Independent	. 6	Miras		Ca	• رسمر	X40	,		O.R	X080=				
كا	FIRST PRESE	MTATION OF MI	LTPLE DEF		CLAIM					-	.0720	· /			
							+185	H		OR	+270>	<u> </u>			
										OR	ADDIT. FEE				
_		(Column 1)		(Colum	EST	(Column 3)		_,	ARROT		, ,	4000			
S E		REMADENO AFTER		PREVE	JUELY	PRESENT	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL			
		AMBIGNER	4 Garage	<b>74.0</b>	O			-	FEE	1		FEE			
AMBRON	Yotal	. 6	Mass	_	9	-	X3.6			OR	X\$18-				
3	Independ of	NTATION OF ME					X40			OR	X080=				
نــا								-		OR	+270=				
-	برقا استأماله عدا ا	on 1 is less than T wher Presidently Pr	dd Far' 9N THO	8 SPACE I	والأحماد	120 SEE 20.	10	AL		OR	ADOIT, FEE	•			
"I the "Highest Number Producedy Parts For" IN THOS SPACE in less than 20, onto "20."  ADDIT. FEE  "I'm "High at Number Producedy Parts For Di THOS SPACE in less than 3, onto "2."  ADDIT. FEE  "I'm "High at Number Producedy Parts For Di THOS SPACE in less than 3, onto "2."  ADDIT. FEE															

PATENT APPLICATION FEE DETERMINATION RECORD 000 100															
Effective October 1, 2003 Page 2 09 850, 183										53					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN . ENTITY			
T	OTAL CLAIMS	3						RATE	FEE	٦	RATE	FEE			
F	DR		NUMBER	RFILED	NUM	BER EXTRA		BASIC FE	¥ 385.00	OR	BASIC FEI	770.00			
TO	OTAL CHARGE	ABLE CLAIMS	TY m	inus 20=	. 1	8		XS 9=	1	OB	X\$18=				
INI	DEPENDENT C	LAIMS	6 "	ninus 3 =	. 3			X43=	<del></del>	OR	You	<del> </del>			
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT								700=				
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	<u> </u>	OR	L				
CLAIMS AS AMENDED - PART II								TOTAL	Ļ	OR	TOTAL	<u></u>			
(Column 1)					) - PART II (Column 2) (Column 3)				ENTITY	OTHER THAN OR SMALL ENTITY					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
MQ.	Total	- / [.	Minus	- 20	)	-0		X\$ 9=		OR	X\$18=				
MEN	Independent	- 4	Minus	12		= 8		X43=	<u> </u>		· X86=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								,	OR	700=				
							L	+145=		OR	+290=	•			
			•				A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE				
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
ENT B		REMAINING NUMBER AFTER PREVIO AMENDMENT PAID			ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	•	Minus	**				X\$ 9=		OR:	X\$18=				
AME	Ind pendent	•	Minus	***		= .		X43=		OR	X86=				
	FIRST PHESE	JUTIPLE DEF	PENDENT CLAIM				+145=		OR	+290=					
							L	TOTAL		رم ا ا	TOTAL				
	(Column 1) (Column 2) (Column 3)								ADDIT. FEE ADDIT. FEE						
O	`	CLAIMS		HIGHE	ST .	(Column 3)			ADDI-		<del></del> -	ADDI-			
AMENDMENT (		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL			
N O N	Total	•	Minus	41		e		X\$ 9=		OR	X\$18=				
ME	Independent	•	Minus	444		=	-	X43=	:		X86=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						:  -			OR	<b>₩</b>				
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.															
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEEOR															
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															